

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N42173

1. Entity Name

KATRILLIT AMERICAN FINNISH FOLK DANCERS, INC.



Principal Place of Business

6289 LEAR DR., #108
LANTANA, FL 33462

Mailing Address

811 SW SOUTH RIVER DRIVE
203
STUART, FL 34997



03222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAHTI, TUULA A VD
811SW SOUTH RIVER DRIVE
STUART, FL 34997

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LEHTONEN, EINO
6289 LEAR DRIVE #108
LANTANA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
LAHTI, TUULA
811 SW SOUTH RIVER DR., #203
STUART, FL 349973271

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
AARNIO, ELINA
2856 S. GARDEN DR, #202
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TP
KUKKONEN, ERIKE
3280 CYNTHIA LANE BLDG 20/210
LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000680311
04/03/07-80072-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Erika Kukkonen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERIKA KUKKONEN TP

03-22-2007

Date

Daytime Phone #